

PATENT  
Docket No. PD-200286  
CUSTOMER NO.: 020991

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Douglas M. Dillon, et al.

Serial No.: 09/788,252

Filed: January 19, 2001

For: PERSONAL VIDEO ON-DEMAND SYSTEM AND METHOD

Date: April 20, 2005  
Group Art Unit: 2816  
Examiner: Usha Raman

TRANSMITTAL LETTER FOR AMENDMENT

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir: Transmitted herewith is an amendment in the above-identified application.

Applicant petitions for an extension of time for ONE month to respond to the Office Action dated January 13, 2005. If an additional extension of time is required, please consider this a petition therefor.

Fee \$ 120.00

An extension for \_\_\_\_\_ months(s) has already been secured; the fee paid therefor of \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested. \$ \_\_\_\_\_

Extension fee due with this request \$ 120.00

Applicant believes that no extension of time is required to respond to the Office Action dated \_\_\_\_\_. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

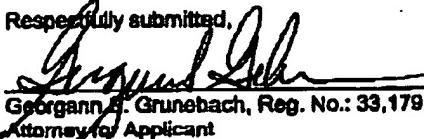
No additional fee for claims is required.

Claims have been calculated as shown below:

CLAIMS AS AMENDED						
CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	116	120*	=	0 x \$ 50.00	\$ -0-	
INDEPENDENT CLAIMS	4	minus	4** =	0 x \$ 200.00	\$ -0-	
MULTIPLE DEPENDENT CLAIMS				0 + \$ 360.00	\$ -0-	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						\$ -0-

Charge \$120.00 to Deposit Account No. 50-0383 of The DIRECTV Group, Inc. (formally Hughes Electronics Corporation), El Segundo, California. Please charge any additional fees for claims or credit overpayment to Deposit Account No. 50-0383. If any additional extension fee is required, please charge to Deposit Account No. 50-0383. This form is submitted in duplicate.

Respectfully submitted,

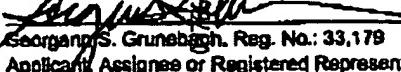
  
Georgann S. Grunebach, Reg. No. 33,179

Attorney to Applicant

Certification of Facsimile Transmission UNDER 37 CFR 1.8

I hereby certify that the correspondence identified above is being facsimile transmitted to (703) 272-9306 (Centralized Facsimile Number), addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on April 20, 2005.

The DIRECTV Group, Inc.  
Patent Docket Administration  
Bldg. R11, M/S A109  
PO Box 958  
El Segundo, CA 90245-0958  
Telephone: 310/984-4615  
Date: April 20, 2005

  
Georgann S. Grunebach, Reg. No. 33,179  
Applicant, Assignee or Registered Representative

April 20, 2005

Date

\* If less than 20, insert 20  
\*\* If less than 3, insert 3

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2000

Application or Docket Number

09/766252

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	120	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	120 minus 20 =	100
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE  OTHER THAN  
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	355.00	OR BASIC FEE	710.00
X\$ 9=		OR X\$18=	1800.00
X40=		OR X80=	80.00
+135=		OR +270=	
TOTAL		OR TOTAL	2390.00

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			---	—
Total	• 116	Minus	• 120	—
Independent	• 4	Minus	• 4	—
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY OR OTHER THAN  
OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			---	—
Total	• 116	Minus	• 120	—
Independent	• 4	Minus	• 4	—
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
			---	—
Total	•	Minus	•	—
Independent	•	Minus	•	—
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	
X40=		OR X80=	
+135=		OR +270=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY